Fill in this information	n to identify your case:	
Debtor 1	Paul David Roberts	
Debtor 2 (Spouse, if filing)	Claudia Anne Roberts	
United States Bankr	uptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number 5	::25-BK-00281-MJC	Check if this is:  An amended filing  A supplement showing postpetition chapter
O#: -: -! F	4001	13 income as of the following date:

## Official Form 1061

## Schedule I: Your Income

12/15

MM / DD/ YYYY

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job,	Empleyment status	■ Employed	■ Employed		
attach a separate page with information about additional		Employment status	☐ Not employed	☐ Not employed		
	employers.	Occupation	mail carrier	registered nurse		
	Include part-time, seasonal, or self-employed work.	Employer's name	United States Postal Service	Advantage Home Health Services East		
	Occupation may include student or homemaker, if it applies.	Employer's address	Involuntary Deductions Unit 2825 Lone Oak Parkway Saint Paul, MN 55121-9650	5035 Clairton Boulevard Pittsburgh, PA 15236		
		How long employed to	here? 30 years			

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,747.34 6,274.91 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 6,274.91 4.747.34

Official Form 106I

Case number (if known) 5:25-BK-00281-MJC

						For	Debtor 1			Debtor 2 filing sp		
	Copy line 4 h	nere		4.		\$	6,274	.91	\$	4,7	747.34	_
5.	List all payro	oll deductions:										
	<ul> <li>5b. Manda</li> <li>5c. Volunt</li> <li>5d. Requir</li> <li>5e. Insura</li> <li>5f. Domes</li> <li>5g. Union</li> </ul>	stic support obligations	rement plans ement plans	5a 5b 5c 5d 5e 5f. 5g 5h		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	457 0 761 0 56	.20 .19 .00 .04 .00	\$ \$ \$ \$ + \$	1,(	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	- - - - -
6.			5a+5b+5c+5d+5e+5f+5g+5h.	6.		Ψ— \$	2,611		*	1 (	0.00	_
7.			Subtract line 6 from line 4.	7.		ь В	3,663		\$		673.70	_
8.	List all other 8a. Net inc profes Attach receipts	income regularly received come from rental property sion, or farm a statement for each proper		8a		\$		.00	\$	<u> </u>	0.00	_
		and dividends		8b		\$		.00	\$		0.00	_
	regular Include settlem 8d. Unemp 8e. Social 8f. Other Include that you	rly receive alimony, spousal support, of the state of the	at you regularly receive alue (if known) of any non-cash assistan nps (benefits under the Supplemental	8c 8d 8e	•	\$ \$ \$	0	.00	\$ \$ \$		0.00 0.00 0.00	-
	0	on or retirement income		8g		\$		.00	\$		0.00	_
	8h. Other	monthly income. Specify:	Overwithholding Adjustment	8h	.+	\$	232	.75	+ \$		17.50	_
9.	Add all other	r income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	\$		232	.75	\$		17.5	0
10.		onthly income. Add line 7 - es in line 10 for Debtor 1 and	+ line 9. d Debtor 2 or non-filing spouse.	10.	\$	3	3,896.22	+ \$_	3,6	91.20	= \$ _	7,587.42
11.	Include contri other friends	butions from an unmarried por relatives.	the expenses that you list in Schedo partner, members of your household, you ided in lines 2-10 or amounts that are r	our depe			•			chedule 11.		0.00
12.			ine 10 to the amount in line 11. The hedules and Statistical Summary of Ce							12.	\$	7,587.42
13.	■ No.	ct an increase or decrease	e within the year after you file this fo	rm?								ly income

Fill	in this infor	mation to identify yo	our case:					
Deb	otor 1	Paul David Ro	oberts			Che	eck if this is:	
							An amended filing	
Deb	otor 2	Claudia Anne	Roberts					ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Ba	nkruptcy Court for the:	: MIDDLE	E DISTRICT OF PENNSYL	VANIA		MM / DD / YYYY	
Cas	e number	5:25-BK-00281-N	ИJC					
(If kı	nown)							
Of	fficial F	orm 106J						
So	chedu	le J: Your I	Expen	ises				12/15
Be info nur	as completormation. If mber (if known)	te and accurate as i more space is ne own). Answer ever	s possible. eded, atta ry question	If two married people ar ch another sheet to this				
Par 1.		scribe Your House oint case?	hold					
••	□ No. Go							
		oes Debtor 2 live i	in a senar:	ate household?				
		-	n a separe	ate nousenoid.				
		No Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate Housel	nold of De	btor 2.	
2.	Do you h	ave dependents?	□ No					
	Do not list Debtor 2.	t Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 1		Dependent's age	Does dependent live with you?
	5							□ No
	Do not sta dependen	ate tne its names.			Son		19	■ Yes
	'							□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
2	De veur	avnanaa inaluda	_					☐ Yes
3.	•	expenses include s of people other tl	han	No				
	yourself a	and your depende	nts? ⊔	Yes				
Est exp	imate your	of a date after the b	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i> .	rm as a s <i>J</i> , check	supplement in a Cha the box at the top o	apter 13 case to report f the form and fill in the
the		uch assistance and		government assistance it luded it on <i>Schedule I:</i> Y			Your exp	enses
•		,						
4.		al or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4.	\$	1,592.00
	If not incl	luded in line 4:						
	4a. Rea	al estate taxes				4a.	\$	0.00
		perty, homeowner's				4b.	· ———	0.00
		me maintenance, re	•			4c.	:	150.00
5.		meowner's associat		dominium dues o <b>ur residence,</b> such as ho	me equity loans	4d. 5.	·	0.00
J.	Additions	ogage payille	101 yu	an recidence, such as 1101	no oquity idalis	J.	Ψ	0.00

Official Form 106J Schedule J: Your Expenses page 1

6. Utilities:  6a. Electricity, heat, natural gas 6b. Water, servert, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S 32200 6d. Other, Specify: 7. Food and housekeeping supplies 7. S 1,250,000 7. Food and housekeeping supplies 7. S 1,250,000 7. Food and children's education costs 8. S 0,000 7. Collidars and children's education costs 8. S 0,000 7. Collidars and children's education costs 8. S 150,000 8. Childcare and children's education costs 9. S 150,000 10. Personal care products and services 11. S 300,000 11. Medical and dental expenses 11. S 300,000 12. Transportation, Include gas, maintenance, bus or train fare. 12. S 470,000 13. Electralment, clubs, recreation, newspapers, magazines, and books 13. S 150,000 14. Charlable contributions and religious donations 15. Insurance. 16. Contribute insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. S 0,000 15c. Vehicle insurance 15c. S 0,000 15d. Other insurance, Specify: 17d. Contribution supplements 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Cother, Specify: 17d. Cother, Specify: 17d. Cother, Specify: 17d. S 0,000 17d. Other, Specify: 17d. S 0,000 17d. Other Specify: 17d		tor 1 Paul David Roberts tor 2 Claudia Anne Roberts	Case num	ber (if known)	5:25-BK-00281-MJC
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